

# OSHA's Form 300

## Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 2018



U.S. Department of Labor  
Occupational Safety and Health Administration

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, Days Away From Work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name **ONT6**  
Company Name **Golden State FC LLC**  
City **Moreno Valley** State **California**

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### Identify the person

### Describe the case

### Classify the case

(A)	(B)	(C)	(D)	(E)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	Using these four categories, check ONLY the most serious result for each case:				Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness:							
Case no.	Employee's Name	Job title (e.g., Welder)	Date of injury or onset of illness	Where the event occurred (e.g., Loading dock north end)		Death	Days away from work	Remained at work	Job transfer or restriction	Other recordable cases	Away from work (K)	On job transfer or restriction (L)	(M)	Injury (1)	Skin Disorder (2)	Respiratory Condition (3)	Poisoning (4)	Hearing Loss (5)	All other illnesses (6)
						(G)	(H)	(I)	(J)										
3574		Amazon Warehouse Associate	1/2	P-3-A2138323	Contusion/bruise, Back, Middle Back, Left Elbow, Cart: Bakers Cart	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		148 days	32 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3575		Amazon Warehouse Associate	1/3	Mezz, Line 4, Unknown station	Sprain/strain, Wrist, Left Wrist, Right Wrist, Product: Unstable	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		0 days	81 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3578		Amazon Warehouse Associate	1/4	UNK	Sprain/strain, Back, Lower Back, Cart: Bakers Cart	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		180 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3584		Amazon Warehouse Associate	1/10	ONT6 Mezz	Contusion/bruise, Wrist, Right Wrist, Left Knee, Right Knee, Debris: Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		44 days	88 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3586		Amazon Warehouse Associate	1/11	P-3-B231A150	Sprain/strain, Leg, Right Thigh, Debris: Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		4 days	41 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3621		Amazon Warehouse Associate	1/16	AFF Mid East 188 pallets	Sprain/strain, Wrist, Left Wrist, Product: Heavy / Bulky	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		0 days	29 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3609		Amazon Warehouse Associate	1/21	Mezz line 2- 9th station	Sprain/strain, Shoulder, Right Shoulder, Tote: Tote - w/ product	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		0 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3626		Amazon Warehouse Associate	2/1	Receive Prep	Sprain/strain, Back, Middle Back, Product: Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		0 days	180 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3630		Amazon Warehouse Associate	2/6	AFF	Sprain/strain, Back, Lower Back, Bin / Rack / Shelf	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		110 days	20 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3635		Amazon Warehouse Associate	2/10	ONT6	Contusion/bruise, Leg, Left Shin, Equip: Pallet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		0 days	10 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3647		Amazon Warehouse Associate	2/11	P1B lows	Tooth chip/break, Head - Facial Area, Tooth, Product: Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		0 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3644		Amazon Warehouse Associate	2/21	ISS area	Sprain/strain, Back, Middle Back, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		6 days	51 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3659		Amazon Warehouse Associate	3/12	ONT6	Sprain/strain, Back, Lower Back, Product: Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		162 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3664		Amazon Warehouse Associate	3/14	Tote Stacking	Sprain/strain, Chest, Chest, Tote: Tote(s)-empty	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		17 days	132 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3674		Amazon Warehouse Associate	3/29	VRC B-11	Contusion/bruise, Finger, Left Middle Finger, Conveyor: Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		6 days	17 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

367	Amazon Warehouse Associate	3/30	AFE Sort Side, Induct/Rebin station 20.	Sprain/strain, Wrist, Left Wrist, Product: Heavy / Bulky	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	21 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
367	Amazon Warehouse Associate	4/1	AFE Induct 15-16	Contusion/bruise, Back, Lower Back, Equip: Jam Pole	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	157 days	23 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
368	Amazon Warehouse Associate	4/6	ONT6	Sprain/strain, Knee, Left Knee, None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	10 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
368	Amazon Warehouse Associate	4/10	Mezz	Sprain/strain, Wrist, Left Wrist, None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	5 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
368	Amazon Warehouse Associate	4/15	ONT6	Sprain/strain, Back, Middle Back, Lower Back, None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	14 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
370	Amazon Warehouse Associate	4/19	pallet land	Sprain/strain, Wrist, Left Wrist, None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	22 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
372	Amazon Warehouse Associate	4/19	ONT 6	Sprain/strain, Wrist, Left Wrist, Right Wrist, Equip: Scanner	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
370	Amazon Warehouse Associate	4/26	AFE - Rebin 10 / sort flow rebin	Sprain/strain, Ankle, Left Ankle, None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	37 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
372	Amazon Warehouse Associate	5/5	ONT6	Sprain/strain, Foot, Left Foot, None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	42 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
372	Amazon Warehouse Associate	5/7	HRVC pick A side	Sprain/strain, Knee, Right Knee, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
372	Amazon Warehouse Associate	5/7	AFE	Sprain/strain, Leg, Right Hamstring, Right Calf, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
372	Amazon Warehouse Associate	5/11	B-side Pick Mod	Sprain/strain, Wrist, Left Wrist, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
372	Amazon Warehouse Associate	5/13	AMAZON	Sprain/strain, Back, Lower Back, Cart: Bakers Cart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
372	Amazon Warehouse Associate	5/15	Mezz line 3	Contusion/bruise, Foot, Right Great Toe, Tote: Tote - w/ product	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 days	8 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
373	Amazon Warehouse Associate	5/27	ONT 6	Sprain/strain, Back, Middle Back, Lower Back, None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	10 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
373	Amazon Warehouse Associate	5/28	ONT 6	Contusion/bruise, Head other than face, Skull, Product: Unstable	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
373	Amazon Warehouse Associate	5/28	RECEIVE	Sprain/strain, Wrist, Left Wrist, None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	67 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
373	Amazon Warehouse Associate	5/30	ONT6	Sprain/strain, Shoulder, Right Shoulder, None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	35 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
374	Amazon Warehouse Associate	6/1	ONT6	Sprain/strain, Back, Middle Back, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
374	Amazon Warehouse Associate	6/5	AFE wall 15	Sprain/strain, Back, Lower Back, Product: Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	44 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
374	Amazon Warehouse Associate	6/6	ONT6	Sprain/strain, Back, Middle Back, None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	145 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
375	Amazon Warehouse Associate	6/18	STOW	Laceration/cut/open wound, Foot, Right Heel, Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
381	Amazon Warehouse Associate	6/25	ONT 6	Sprain/strain, Neck, Neck, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
377	Amazon Warehouse Associate	7/5	1st floor A-Mod	Sprain/strain, Wrist, Right Wrist, Right Thumb, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	104 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
377	Amazon Warehouse Associate	7/13	ONT 6	Sprain/strain, Knee, Left Knee, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 days	8 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
378	Amazon Warehouse Associate	7/21	AFE inducting	Sprain/strain, Shoulder, Right Shoulder, None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	7 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
378	Amazon Warehouse Associate	7/22	ONT 6	Infection (fungal/bacterial/viral/parasite), Finger, Left Thumb, Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	2 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
377	Amazon Warehouse Associate	7/23	Sort	Crushing/smashing injury, Finger, Right Middle Finger, Product: Heavy / Bulky	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
378	Amazon Warehouse Associate	8/1	RECEIVE DOCK	Loss of consciousness, Finger, Left Little Finger, Equip: Pallet Jack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
378	Amazon Warehouse Associate	8/4	Between ship dock and transship	Sprain/strain, Ankle, Right Ankle, Tote: Tote(s) -empty	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	4 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
378	Amazon Warehouse Associate	8/5	ONT 6	Sprain/strain, Back, Lower Back, Tote: Tote(s) -empty	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	38 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

380	Amazon Warehouse Associate	9/10	ONTE	Sprain/strain, Elbow, Right Elbow, None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	8 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
380	Amazon Warehouse Associate	9/16	P2B White Queue	Abrasion/scratches (superficial), Leg, Right Ankle, Cart: U-Boat	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	15 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
381	Amazon Warehouse Associate	9/18	P1A White Queue	Sprain/strain, Back, Middle Back, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
383	Amazon Warehouse Associate	9/23	ONTE	Sprain/strain, Back, Left Thigh, Right Thigh, Left Hamstring, Right Hamstring, Left Calf, Right Calf, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
382	Amazon Warehouse Associate	10/13	STOW	Sprain/strain, Back, Lower Back, Product: Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
383	Amazon Warehouse Associate	10/18	Pick Mod A side second floor.	Sprain/strain, Shoulder, Right Shoulder, Equip: Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
383	Amazon Warehouse Associate	10/24	Mezz Line 3	Contusion/bruise, Hand, Right Hand, Equip: Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	5 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Page totals ➤					0	17	24	12	966	1,360	53	0	0	0	0	0
											Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
											(1)	(2)	(3)	(4)	(5)	(6)

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Show/Hide Employee Names Print OSHA's Form 300 PDF

\* Open Last Time or Job Restriction Case

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## OSHA's Form 300 Log Filter Options

Business OSHA Log	<input type="checkbox"/> Download Business-wide PDF	GO
Organization OSHA Log	Limit Sub-Org to: <input type="text" value="All"/>	GO
Site OSHA Log	Limit SubSite to: <input type="text" value="All"/>	Limit Dept to: <input type="text"/> GO
Custom OSHA Log	Limit to Custom Group: <input type="text" value="Enhesa Self-Assessment (OLT sites) 2018"/>	GO
Quarter Log	Limit to Quarter: <input type="text" value="All"/>	GO
<input type="checkbox"/> Check box to show records for U.S. sites only. (does not apply to custom groups)		Sort By: <input type="text" value="Case Date"/>



		Date	Description	Sprain/Strain	Shoulder	Right Shoulder	None	Q days	Z days	✓				
Warehouse Associate Amazon Warehouse Associate	7/21	AFF inducing	Sprain/strain, Shoulder, Right Shoulder, None			✓		0 days	2 days	✓				
Amazon Warehouse Associate	7/22	OHT 6	Infection (Fungal/bacterial/viral/parasite), Finger, Left Thumb, Other			✓		0 days	2 days	✓				
Amazon Warehouse Associate	7/23	Sort	Crushing/smashing injury, Finger, Right Middle Finger, Product: Heavy / Bulky				✓	0 days	0 days	✓				
Amazon Warehouse Associate	8/1	OHT 6	Sprain/strain, Elbow, Right Elbow, Tote: Tote(s)-empty		✓			3 days	30 days	✓				
Amazon Warehouse Associate	8/1	RECEIVE DOCK	Loss of consciousness, Finger, Left Little Finger, Equip: Pallet Jack				✓	0 days	0 days	✓				
Amazon Warehouse Associate	8/9	Between ship dock and transship	Sprain/strain, Ankle, Right Ankle, Tote: Tote(s)-empty			✓		0 days	4 days	✓				
Amazon Warehouse Associate	8/5	OHT 6	Sprain/strain, Back, Lower Back, Tote: Tote(s)-empty			✓		0 days	38 days	✓				
Amazon Warehouse Associate	9/10	OHT 6	Sprain/strain, Elbow, Right Elbow, None			✓		0 days	0 days	✓				
Amazon Warehouse Associate	9/16	P2B White Queue	Abrasion/scratches (superficial), Leg, Right Ankle, Cart: U-Box			✓		0 days	15 days	✓				
Amazon Warehouse Associate	9/18	P1A White Queue	Sprain/strain, Back, Middle Back, None				✓	0 days	0 days	✓				
Amazon Warehouse Associate	9/23	OHT 6	Sprain/strain, Back, Left Thigh, Right Thigh, Left Hamstring, Right Hamstring, Left Calf, Right Calf, None				✓	0 days	0 days	✓				
Amazon Warehouse Associate	10/12	slow	Sprain/strain, Wrist, Right Wrist, None				✓	0 days	0 days	✓				
Amazon Warehouse Associate	10/13	STOW	Sprain/strain, Back, Lower Back, Product: Other		✓			2 days	102 days	✓				
Amazon Warehouse Associate	10/18	Pick Mod A side second floor	Sprain/strain, Shoulder, Right Shoulder, Equip: Other		✓			83 days	92 days	✓				
Amazon Warehouse Associate	10/18	OHT 6	Sprain/strain, Back, Middle Back, Product: Heavy / Bulky		✓			110 days	4 days	✓				
Amazon Warehouse Associate	10/24	Mezz Line 3	Bruise, Hand, Right Hand, Equip: Other		✓			12 days	168 days	✓				
Amazon Warehouse Associate	10/31	AFF	Sprain/strain, Back, Left Upper Arm, Right Upper Arm, Upper Back, Left Hand, Right Hand, Left Shoulder, Right Shoulder, None		✓			28 days	68 days	✓				
Amazon Warehouse Associate	11/25	Pack line in Mezz	Sprain/strain, Wrist, Right Wrist, None		✓			2 days	0 days	✓				
Amazon Warehouse Associate	11/26	OHT 6	Sprain/strain, Back, Lower Back, Tote: Tote(s)-empty			✓		0 days	26 days	✓				
Amazon Warehouse Associate	11/22	Main Breakroom	Bruise, Ankle, Left Ankle, Facility: Floor		✓			2 days	0 days	✓				
Amazon Warehouse Associate	12/2	Pick Mod B	Sprain/strain, Shoulder, Right Shoulder, Bin / Rack / Shelf		✓			1 day	146 days	✓				
Amazon Warehouse Associate	12/10	AFF Sort Side Cell 11/12	Sprain/strain, Back, Middle Back, Tote: Tote - w/ product			✓		0 days	31 days	✓				
Amazon Warehouse Associate	12/11	Mezz Slam Line 6	Fracture, Back, Buttocks, Facility: Floor		✓			142 days	0 days	✓				
Amazon Warehouse Associate	12/16	MOD STAIRS	Bruise, Leg, Right Heel, Facility: Floor		✓			133 days	6 days	✓				
Amazon Warehouse Associate	12/12	OHT 6	Bruise, Finger, Right Thumb, None		✓			26 days	113 days	✓				

387	Warehouse Associate	12/12	ONT 6, EXTERIOR OF BUILDING, DESCENDING STAIRS FROM MAIN ENTRANCE	Sprain/strain, Ankle, Right Ankle, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	131 days	10 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
387	Warehouse Associate	12/17	Pick Nicks	Bruise, Head - Facial Area, Skull, Product: Unstable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
388	Warehouse Associate	12/22	ONT6	Sprain/strain, Back, Lower Back, None	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 days	118 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Page totals ➤

0	32	25	12	1,823	2,165	69	0	0	0	0	0
						Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
(1)	(2)	(3)	(4)	(5)	(6)						

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspect of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

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